2006–2007

Saskatchewan

Provincial Budget

Performance Plan

Saskatchewan Health

2007-00007

Ministers' Message

We are pleased to present the Department of Health's 2006-07 Performance Plan.

In December 2001, the Government of Saskatchewan introduced *The Action Plan for Saskatchewan Health Care*, a blueprint for maintaining and strengthening our province's publicly funded, publicly administered health care system. With an emphasis on quality and sustainability, the Action Plan laid out a strategic foundation and clear goals and objectives for Saskatchewan Health to work with its many partners in achieving.

Saskatchewan Health's 2006-07 Performance Plan represents our continued commitment to making progress on the Action Plan and demonstrating that progress to Saskatchewan residents. The Performance Plan details key actions and performance measures that will provide an overview of the department's progress on the Action Plan's four goals: improved access to quality health services, effective health promotion and disease prevention, retention, recruitment and training of health providers and a sustainable, efficient, accountable and quality health system.

Together with the 2006-07 Saskatchewan Health budget, the Performance Plan provides a clear outline of the department's priorities as we continue to manage the health system through the changes that will be necessary to ensure its continued quality and affordability well into the future.

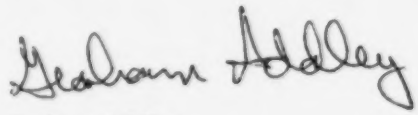
While the Government of Saskatchewan devotes more than 40 per cent of its provincial program budget to health care, the system continues to face challenges and pressures. We must always be identifying ways to manage costs and to ensure that our investments in the health system provide a good return in the safeguarding and maintenance of the health and well-being of Saskatchewan residents.

We will continue to improve our system of surgical management and implement a strategy to manage access to diagnostic services. We will continue, through the Premier's Project Hope, to build a comprehensive, integrated network of substance abuse prevention and treatment services.

We will continue to work for continuous improvement in the efficiency and quality of care delivery, particularly through the development of primary health care sites. We will also continue to refine our planning and reporting process so that our complex health system is managed with a clear strategic focus and a high level of transparency.

This year's performance plan demonstrates the commitment of Saskatchewan Health to accountability and transparency as we continue to implement *The Action Plan for Saskatchewan Health Care*. We are committed to completing the actions included in the 2006-07 plan, and will report on our progress in July of 2007.

Len Taylor
Minister of Health



Graham Addley
Minister of Healthy Living Services,
Minister Responsible for Seniors

Who We Are

The mandate of Saskatchewan Health is to support Saskatchewan residents in achieving their best possible health and well-being. The mandate of the department is carried out in conjunction with the Regional Health Authorities, the Saskatchewan Cancer Agency, affiliated health care organizations and a range of health care professionals many of whom are in private practice. The primary role of the department is to provide leadership in defining and implementing a vision for health and healthy living, and a framework for health systems to ensure that Saskatchewan residents are provided with essential and appropriate services. In this regard, the department carries out the following responsibilities:

- manages approximately 50 pieces of health-related legislation;
- maintains relationships with the regulated health professional groups;
- provides leadership on policy issues and policy proposals;
- provides provincial oversight for programs and services including acute care, community services, long-term care and privately delivered programs such as personal care homes;
- monitors and enforces standards in a number of privately delivered programs such as personal care homes;
- administers public health insurance programs such as the Saskatchewan Medical Insurance Plan;
- administers and maintains a province-wide system for registering births, deaths, marriages, stillbirths, divorces, adoptions and changes of name;
- delivers a number of services including the Saskatchewan Prescription Drug Plan and the Provincial Laboratory Services;
- provides leadership on health human resource issues; and
- provides leadership and support in the area of information technology including development and delivery of strategic information technology solutions in support of front line health delivery and health system management.

Saskatchewan Health and the health care system provide a wide range of services through a complex delivery system that includes Regional Health Authorities, the Saskatchewan Cancer Agency, affiliated health care organizations and a range of professionals many of whom are in private practice. The health system employs over 37,000 individuals, includes 26 self-regulated health professions, and operates 269 health facilities. The range and number of services provided are partially illustrated by the following examples of activity:

- 128,700 annual in-patient admissions or 2,100 (acute, psychiatric and rehabilitation) patients in hospital beds on any given day;
- 93,700 surgeries and select ambulatory procedures (e.g., endoscopies and biopsies) per year or 257 per day;
- 4.6 million visits per year or 12,600 family physician visits per day;
- 2,500 visits to specialists per day;
- 400,000 immunizations per year; and
- more than 40,000 mammograms per year.

The Regional Health Authorities manage the majority of direct service within the health system and receive about two-thirds of the Department of Health budget. The accountability relationship between Saskatchewan Health and the regional health authorities has been clarified and strengthened. Although joint work continues in this area, significant steps have been taken to define respective roles and responsibilities and establish performance measures that gauge progress in achieving the goals of *The Action Plan for Saskatchewan Health Care*. Collaborative planning between the department and the regional authorities as well as specific operational planning that is linked to the department's budget development process, have served to achieve improved consistency between regional authorities and the department.

The federal government also plays a major role in health care. The federal government provides funding to support health care through the Canada Health Transfer (CHT). It also provides health services to certain members of the population (e.g., veterans, military personnel and First Nations people living on reserve). The provincial government is responsible for most other aspects of health care.

Saskatchewan Health participates with other departments and sectors in the development and implementation of initiatives such as the:

- Cognitive Disabilities Strategy, http://www.health.gov.sk; and
- *KidsFirst* Strategy, http://www.learning.gov.sk.ca/branches/ecd/.

Plan at a Glance

The 2006-07 Performance Plan reflects the strategic direction set out in *The Action Plan for Saskatchewan Health Care* as well as the commitments made under the First Ministers Agreement, *A 10-Year Plan to Strengthen Health Care*. This plan builds on the achievements of our 2005-06 Performance Plan and incorporates the results of a wide range of consultations that have occurred over the past year.

The plan contains goals and objectives that are multi-year in nature as well as a series of key actions to be undertaken during the 2006-07 fiscal year. The key actions identified will advance the department toward meeting the objectives while performance measures will assist in gauging progress.

The 2006-07 Performance Plan is a focused and balanced plan that addresses the most immediate issues in the health system but also recognizes the importance of future oriented investments aimed at improving the health of our children and youth – promoting a healthy population and preparing for the potential of public health emergencies.

GOAL 1

Improved access to quality health services

***OBJECTIVE 1** – Responsive, co-ordinated primary health care*

Performance Measures

- Percentage of population served by primary health care teams
- Hospitalization rate for ambulatory care sensitive conditions

***OBJECTIVE 2** – Reduce waiting times for surgical and diagnostic procedures*

Performance Measures

- Surgeries
  - ~ Surgical volumes (compared to target volumes)
  - ~ Number of patients waiting longer than 12 months for surgery
- Diagnostic Imaging
  - ~ Number of MRI exams and patients served (compared to target volumes)
  - ~ Number of CT exams and patients served (compared to target volumes)

OBJECTIVE 3 – *Improve access to hospital, specialized services, home care and long-term care*

Performance Measures

- Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care
- Alcohol and drug in-patient treatment completion rate per 100 admissions

GOAL 2

Effective health promotion and disease prevention

OBJECTIVE 1 – *Improve promotion, advocacy and information for healthier lifestyles*

Performance Measures

- Number of clients attending out-patient programs for drug and alcohol treatment
- Percentage of children and youth 19 years and under who receive services from Mental Health Services in regional health authorities
- Saskatchewan incidence and prevalence of diabetes (type 1 and 2) expressed as a number per 1,000 individuals
- Percentage of daily smokers between the ages of 12-19 years in Saskatchewan
- Vaccine coverage rates for two-year-old cohort
- Percentage of reportable communicable disease cases that are entered into the provincial surveillance system, investigated and reported as completed to the Provincial Co-ordinator of Communicable Disease Control within established timeframes
- Percentage of schools implementing healthy food/nutrition policies

OBJECTIVE 2 – *Improve the health of northern and Aboriginal communities*

Performance Measure

- Potential Years of Life Lost (PYLL) per 100,000 population due to premature death for Saskatchewan Registered First Nations Peoples

GOAL 3

Retain, recruit and train health providers

OBJECTIVE 1 – *Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs*

Performance Measures

- Percentage of bursary recipient graduates performing approved return of service in Saskatchewan on program completion
- Number of clinical placements available for health sector students in Saskatchewan

OBJECTIVE 2 – *Develop representative workplaces that facilitate full participation in all health occupations*

Performance Measure

- Percentage of regional health authority employees who self-identify as Aboriginal
- Number of employees trained as of March 31, 2005

OBJECTIVE 3 – *Safe, supportive, and quality workplaces that retain and recruit health care professionals*

Performance Measures

- Sick leave hours per full-time equivalent (FTE)
- Number of lost-time Workers' Compensation Board claims per 100 FTEs (frequency)
- Number of lost-time Workers' Compensation Board days per 100 FTEs (severity)
- Percentage of regional health authority staff rating their workplace learning environment as excellent, very good or good
- Turnover rate

GOAL 4

A sustainable, efficient, accountable quality health system

OBJECTIVE 1 – *Ensure quality, effective health care*

Performance Measures

- Number of clients who contacted a Quality of Care Co-ordinator (QCC) to report one or more concerns
- Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are concluded within 30 days

OBJECTIVE 2 *– Appropriate governance, accountability and management for the health sector*

Performance Measure

- Percentage of regional health authority operational plans meeting standards

OBJECTIVE 3 *– Sustain publicly funded and publicly administered Medicare*

Performance Measures

- Under development

2006-07 Financial Overview

2006-07 ESTIMATES	*(in thousands of dollars)*
Central Management and Services	$ 14,981
Regional Health Services	2,172,733
Provincial Health Services	143,717
Medical Services and Medical Education Programs	579,995
Drug Plan and Extended Benefits	257,863
Early Childhood Development	9,013
Provincial Laboratory Infrastructure Project	11,096
Total Appropriation	$ 3,189,398
Capital Acquisitions	(11,621)
Amortization	806
Total Expense	$ 3,178,583
REVENUES	$ 13,884
FTE Staff Complement	684.2

Approximately 90 per cent of the 2006-07 Budget will be provided to third parties (e.g., regional health authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be allocated for the drug plan and extended benefit program.

The performance plan goals and key strategies are based upon a status quo budget. Collective bargaining and health provider agreements are key cost drivers for the health system. Of the total Health budget more than 70 per cent is directed toward salaries, fees, pension, benefits and pay equity for physicians, nurses and other health care providers.

This year's budget will maintain the current level of services and address key priorities that have been identified such as the Premier's Project Hope and continued improvements to the management of surgical services.

Trends and Issues

Saskatchewan Health continues to work toward achieving and maintaining a sustainable accessible, affordable and quality health system. The 2006-07 plan builds on reforms and innovations underway as well as responds to emerging trends and issues with a clear goal of renewing and strengthening the health care system for Saskatchewan residents.

In 2001, Saskatchewan Health introduced a multi-year plan for health reform, *Healthy People: A Healthy Province, The Action Plan for Saskatchewan Health Care.* The following strategic priorities were identified:

- improved access;
- health promotion and disease prevention;
- retention, recruitment and training for health care providers; and
- quality, efficiency and accountability.

The significant progress made in each of these areas provides a good foundation to further strengthen the health care system. The strategic goals remain relevant and consistent with directions across Canada.

In September 2004, First Ministers signed a *10 Year Health Renewal and Funding Agreement.* The 10-year plan signalled a broad national consensus on the key issues in health care and a shared agenda for health care renewal in Canada. The following priorities were identified:

- reduced wait times and improved access;
- health human resources renewal;
- home care (program expansion for acute, palliative, mental health);
- primary health care reform;
- pharmaceuticals strategy;
- prevention, promotion and public health;
- health innovation;
- accountability and reporting to citizens; and
- Aboriginal Health Blueprint.

Under the September 2004 Agreement, Saskatchewan will receive an incremental $1.28 billion over 10 years. The core elements of the 10-year agreement were already part of *The Action Plan for Saskatchewan Health Care;* therefore, work was already underway in many of the priority areas. Consequently, Saskatchewan is well positioned to meet and, in many cases, exceed the expectations set out in the agreement.

SUSTAINABILITY

Saskatchewan, as other jurisdictions, faces issues of sustainability and affordability. The 2006-07 budget appropriation is $3.189 billion. The portioning of the health dollar remains substantially unchanged from 2005-06 and detailed below.

The largest portion (approximately 72 per cent) is directed to health care providers. These costs include: salaries, pensions, benefits, and professional fees for physicians, nurses, paramedics, therapists, technicians, pharmacists, social workers and health support workers.

The second highest cost in health care (approximately 13 per cent) is allocated to equipping, operating and maintaining the facilities operated by the Regional Health Authorities and the Saskatchewan Cancer Agency. Capital equipment and facilities, medical surgical supplies and drugs for hospital and cancer patients represent the majority of operating costs.

Approximately eight per cent is allocated to the Saskatchewan Prescription Drug Plan and the Extended Benefits Program which provides benefits to families with low incomes and people with long-term illnesses or disabilities.

The remaining seven per cent covers other operating costs funded directly by Saskatchewan Health, including: the Provincial Lab, Canadian Blood Services, air ambulance services, the Health Quality Council and payments for medically necessary services provided outside Saskatchewan.

HEALTH HUMAN RESOURCES

Saskatchewan's health care system, as other health care systems throughout the country, is working to address issues related to attracting and retaining skilled health care professionals. Ensuring a sufficient supply and appropriate mix of health care providers is a priority that has required a comprehensive, inclusive approach to planning. *Working Together: Saskatchewan's Workforce Action Plan* released in December 2005 defines a multi-year strategy to address a range of provider issues, including: education, training, workplace safety, developing representative and quality workplace environments.

TIMELY ACCESS TO SERVICES

Enhanced access to a range of health services is an issue that continues to receive focused attention. Significant progress has been made in addressing wait times for surgical and diagnostic procedures. Further capacity enhancements along with improved management systems will build on the progress made and ensure timely, fair and reasonable access.

Broader issues of access to health care services continue to be addressed through improvements to continuity and co-ordination of care, use of innovative technologies, advancing team approaches and developments in information technology.

HEALTH PROMOTION AND DISEASE PREVENTION

In addition to responding to immediate health care needs, Saskatchewan Health must also proactively focus on strategies that promote healthy living and improve public and environmental health. A wide range of social, economic and environmental factors, such as income, lifestyle, education, diet, physical activity and the availability of formal and informal supports, affect the health of the population. The many health and social problems associated with alcohol and drug addiction were identified in the report *Healthy Choices in a Healthy Community,* released in August 2005. The *Premier's Project Hope* was launched as a multi-year plan to take action against addictions through a combination of intervention and prevention strategies.

Improving the health of the population reduces the incidence of acute illness and improves the quality of life for Saskatchewan residents.

Changes from 2005-06 Performance Plan

Saskatchewan Health's vision and goals remain unchanged from last year. There have, however, been some changes to the objectives and performance measures to increase clarity and better reflect the department's key initiatives.

- The objective from 2005-06, *Improve emergency medical care* (Goal 1, Objective 3), has been deleted and combined with *Improved hospital, specialized services and long-term care* (Goal 1, Objective 4). The latter objective has sufficient scope to encompass this area.
- Six objectives have been reworded to clarify intent and to align with other department plans (e.g., Saskatchewan's Workforce Action Plan). Similarly, wording has been changed in several performance measures to achieve increased clarity and conform to currently accepted terminology.
- Five measures from last year's plan were phased out and replaced with eight new measures that are more reflective of current priorities such as wait times and addictions.

Goals, Objectives, Actions and Measures

The 2006-07 Performance Plan for Saskatchewan Health contains the goals, objectives and the set of actions that have been identified to support the health system and advance the health of Saskatchewan people and communities. A set of performance measures has been established to gauge progress toward meeting each objective.

The following plan responds to improving access and reducing wait times, promoting healthy lifestyles, addressing health care human resource issues, strengthening efficiency and accountability and building a sustainable health system that is able to adapt to changing needs. The following is an overview of the goals, objectives and performance measures:

GOAL 1

Improved access to quality health services

***OBJECTIVE 1** – Responsive, co-ordinated primary health care*

Primary health care services are basic health services which are typically the first, as well as the most frequent, point of contact for people with the health system. A co-ordinated team approach to primary health care makes the most appropriate use of health care providers and allows the patient ready access to a range of services. Members of primary health care teams work together to diagnose and treat illness, prevent health problems and manage existing health concerns so they do not become more serious.

Key Actions for 2006-07

- Continue to promote the establishment of primary health care teams and provide them with the technologies necessary to support continual improvements in the quality and co-ordination of care, including the management of chronic disease and the prevention of illness.
- Introduce midwifery services as part of a multidisciplinary health care team including physicians and other health care professionals.

What are we measuring?	**Where are we starting from?**
Percentage of population served by primary health care teams	Approximately 24% *[2005-06, 2nd quarter]*

The percentage of the population served by primary health care teams is a good short-term measure of patient access to primary health care based on geographic proximity. The percentage denotes Saskatchewan's covered population served by each primary health care team calculated on the basis of "catchment" area. Individual regional health authorities define the catchment area (urban and rural communities and neighbourhoods) for each of the teams in their jurisdiction based on assessed need. Need is determined by the geographic distribution of people and other characteristics such as age, gender and socio-economic status.

Saskatchewan Health works closely with regional health authorities and health provider groups (e.g., Saskatchewan Medical Association, Saskatchewan Registered Nurses Association) in the development of primary health care teams. The Department's reported success on this measure is dependent on the co-operation of regional health authorities and health provider groups.

What are we measuring?	Where are we starting from?
Hospitalization rate for ambulatory care sensitive (ACS) conditions	627 cases[1] per 100,000 population *[2005; latest data available]*

[1] *The data source for this information is the Canadian Institute for Health Information (CIHI). This year, CIHI has changed the definition of ACS conditions so comparisons to previous years are not recommended.*

Long-term health conditions such as diabetes, asthma, mental health illness, and alcohol/drug dependence can often be managed and treated without hospitalization via effective community-based preventive and primary health care. Hospital admissions and/or the length of hospital stays can be reduced for these ambulatory care sensitive conditions (this refers to procedures done on an out-patient basis) through better management by primary health care teams. Examining the rate of preventable hospital admissions provides a practical way of evaluating primary health care delivery.

The Department's influence on this long-term measure is limited by the type and mix of available primary care services, the health-seeking behaviour of individuals, disease prevalence or incidence rates, physician practices, environmental factors (e.g., exposure to environmental risk), and the personal or economic barriers facing individuals.

***OBJECTIVE 2** – Reduce waiting times for surgical and diagnostic procedures*

Improved access to acute care services through the reduction of wait times for surgical and diagnostic services remains a priority for Saskatchewan residents. As a result of an increased investment in this area, there has been a significant reduction in surgical wait times resulting in a 30 per cent reduction in patients waiting over 18 months. Saskatchewan has a comprehensive surgical management system and database developed to ensure reasonable fair and predictable wait times.

A Diagnostic Imaging Network has now been established to provide advice on developing a similar strategy for managing and priorizing diagnostic imaging.

Key Actions for 2006-07

- Continue initiatives regarding surgical throughput by:
  - ~ developing initiatives to improve pre-surgical management of patients with major joint disease and back problems; and
  - ~ improving system performance and management of surgical services through use of the Surgical Patient Registry in the areas of wait list monitoring and access management, as well as implementation of a new Operating Room Scheduling System in many of our major surgical centres.

- Continue development and implementation of a comprehensive strategy for diagnostic imaging services that includes:
  - ~ planning and development of a diagnostic imaging registry and website that is similar to the surgical management system.

What are we measuring?	Where are we starting from?
Surgeries	
• Number of cases to the operating room in major surgical centres compared to target volumes	Baseline: 70,791
• Number of patients waiting longer than 12 months for surgery	7,291 *[December 2005]*

Saskatchewan Health is continuing to refine processes to better manage surgical wait times. The current method of assessing priority levels for surgeries is under review and may be subject to further refinement. For more information on the waiting times for select procedures by region, please refer to the statistics on the Saskatchewan Surgical Care Network (SSCN) website: http://www.sasksurgery.ca.

What are we measuring?	Where are we starting from?
Diagnostic Imaging	
• Number of MRI exams and patients served (compared to target volumes)	2005-06 annual targets: 21,310 exams 2005-06 annual targets: 12,804 patients
• Number of CT exams and patients served (compared to target volumes)	2005-06 annual targets: 102,310 exams 2005-06 annual targets: 61,198 patients

Through the work of the Diagnostic Imaging Network, Saskatchewan is working toward implementing a standardized province-wide wait time definition and priority-grouping tool for diagnostic imaging procedures by the summer/fall 2006 (starting with MRI and CT). Following this, wait time benchmarks will also be studied and implemented where appropriate.

***OBJECTIVE 3** – Improve access to hospital, specialized services, home and long-term care*

To meet the full continuum of patient care needs, a complete network of well-equipped facilities and resources is required, ranging from acute care bed capacity to supportive home care. This objective is aimed at ensuring the network of facilities and resources includes the right type and number so that patients, as well as seniors and persons with disabilities, can receive the appropriate treatment and/or support relative to their health care need. The transfer of patients between hospitals may be required as well as transfer from a hospital setting to a long-term care facility.

Key Actions for 2006-07

- Expand acute care bed capacity in the regional hospital in Prince Albert Parkland Health Region.
- Increase capacity and accessibility by developing a further renal dialysis site in southern Saskatchewan.
- Follow up on a review of the Home Care Program that included an assessment of the program design, service model and capacity.

What are we measuring?	Where are we starting from?
Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care for:	
• overall health services received	87.9%
• services received in a hospital	87.8%
• services received from a physician	94.0%
• community health services	83.2%
	[2003; latest data available]

Access to services and the quality of services provided are closely related. Patient satisfaction has always been an important long-term measure of the quality of health services. The Department's influence on this measure is limited by personal expectations, relationships with health care providers and patients' experiences.

What are we measuring?	Where are we starting from?
Alcohol and drug in-patient treatment completion rate per 100 admissions	Adults: 61.6% Children/youth: 70.3% *[2003-04; latest data available]*

Saskatchewan Health provides more accessible treatment supports for individuals experiencing alcohol and drug dependencies when services are needed. For clients, a successful treatment experience is contingent on the completion of an appropriate substance abuse program. Lack of successful completion may be indicative of an inability to meet the service needs of the clients. This does not necessarily denote system ineffectiveness – clients must be ready for treatment and be properly directed to a service that most completely addresses the holistic need of the client. It should be noted that for many substance abusers in remission, success has come after several attempts at alcohol and drug treatment.

GOAL 2

Effective health promotion and disease prevention

OBJECTIVE 1– *Improve promotion, advocacy and information for healthier lifestyles*

Saskatchewan Health will continue to support a variety of health promotion initiatives that improve the quality of life for Saskatchewan people. For example, the comprehensive report *Healthy Choices in a Healthy Community,* released in August 2005, highlighted the serious issues related to alcohol and substance abuse and recommended strategies in the areas of supply reduction, prevention and treatment. This report was based on research and extensive consultations with individuals who have experienced addiction, their families, community leaders, activists and many working in the addictions or other related areas. In response to this report, a multi-year plan was launched to address the many health, social and economic problems associated with alcohol and substance abuse.

The health system increasingly responds to treatment of diseases that, in many cases, could be prevented (such as heart diseases, vascular diseases, diabetes, and lung diseases). For example, the prevalence of obesity is a contributing factor to many preventable diseases and is recognized as the second leading preventable cause of death next to tobacco use.

In addition to responding to pressing acute health care needs, the system must also advance strategies to reduce the incidence of acute illness by improving the health of the population. Individual health is influenced by many factors such as income, education, diet, lifestyle, housing, environment and support from family and friends. Solutions to improve the health of the population require collaboration of many sectors outside the Department.

Key Actions for 2006-07

- Continue the implementation of Premier's Project Hope as a comprehensive plan to prevent and treat substance abuse through:
  - ~ increased capacity for community outreach, detoxification and stabilization;
  - ~ expanded awareness, training and prevention initiatives supported through the creation of a new Alcohol and Drug Prevention Education Directorate within Saskatchewan Health;
  - ~ redevelopment of the current provincial treatment model to reflect best practices;
  - ~ enhanced youth treatment capacity and expanded overall service capacity including more flexible treatment supports for individuals and families;
  - ~ improved data and research to guide policy development including a research chair at the University of Saskatchewan; and
  - ~ improved co-ordination among departments and with other jurisdictions.
- Continue the implementation of the Provincial Diabetes Plan and monitor progress on meeting the goals and objectives identified in the Plan.

- Continue implementation of the Cognitive Disabilities Strategy with further enhancements to the supports and services available to address the unmet needs of individuals and families affected by cognitive disabilities. These enhancements include additional capacity for assessment, diagnosis and expansion of the flexible funding pool of resources as well as prevention and public education.
- Implement a Child and Youth Mental Health Strategy to address access and quality of service issues.

What are we measuring?	**Where are we starting from?**
Number of clients attending out-patient programs for drug and alcohol treatment	14,920 *[2003-04; latest data available]*

This short-term measure describes the capacity to provide clients with out-patient treatment. Clients receiving such services are able to live within their communities while receiving the needed supports. Saskatchewan Health impacts this measure through funding and other support to treatment programs. Other factors that influence this measure are the number of clients seeking service, referral patterns and the availability of out-patient services delivered by regional health authorities.

What are we measuring?	**Where are we starting from?**
Percentage of children and youth 19 years and under who receive services from Mental Health Services in regional health authorities	1.6% *[2004; latest data available]*

This short-term measure is a general indicator of access, quality and quantity of mental health services for children and youth. Saskatchewan Health is taking a focused approach to developing services and supports for children and their families as part of its Children's Mental Health Strategy. Some key activities of the strategy include the implementation of standardized screening tools and the development of training programs to improve interventions for children and youth with mental health problems. Growth in the percentage of children and youth receiving mental health services will likely reflect increasing efforts to identify and serve increased numbers.

What are we measuring?

Saskatchewan prevalence and incidence of diabetes (type 1 and 2) expressed as a number per 1,000 individuals

Where are we starting from?

Prevalence (existing cases):
49.6 per 1,000 population

Incidence (new cases):
3.5 per 1,000 population

[2003-04; latest data available]

Diabetes is a disease that affects many residents of Saskatchewan. Incidence describes the number of new cases, whereas prevalence expresses the number of existing cases in a population. The National Diabetes Surveillance System (NDSS) methodology has been used to measure changes in the incidence and prevalence of diabetes because its definitions are accepted nationally and applied in other provinces. Incidence is more sensitive to the effects of prevention activities; nevertheless, both prevalence and incidence are considered long-term measures.

Diabetes requires intervention in several areas, including diet and physical activity, and is associated with several other non-medical determinants of health (e.g., education and socio-economic factors). Saskatchewan Health continues to work with regional health authorities and other stakeholders on population health strategies, such as the importance of healthy lifestyle choices to reduce the impact of the disease. Regional health authorities, health providers, public organizations and individuals can influence diabetes trends.

What are we measuring?

Percentage of daily smokers between the ages of 12-19 years in Saskatchewan

Where are we starting from?

9.8%
[2003; latest data available]

Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke. The percentage of smokers is a long-term measure.

Saskatchewan Health, Regional Health Authorities, Health Canada, and the public all play a role in changing smoking behaviour. Changing personal behaviours is often a lengthy process and is affected by factors outside the influence of the Department.

What are we measuring?

Vaccine coverage rates for two-year-old cohort

Where are we starting from?

Range: 71.6% to 73.3% – provisional data

Immunization coverage rates are sensitive and timely long-term indicators of a health system's capacity to deliver essential services and are useful in monitoring the health of a population. The coverage rates for two-year-olds provide an indication of the performance of immunization programs to protect children from vaccine preventable disease. The range of immunization rates above was composed using rates for diphtheria, Haemophilus influenzae type b (one type of the flu), measles, mumps, pertussis, polio, rubella and tetanus vaccinations.

The numbers reported here are preliminary as data has been drawn from the relatively new Saskatchewan Immunization Management System (SIMS) database. As such, there are currently some limitations with respect to available data and the rates should be interpreted in that context. The coverage rates apply to those children who are currently registered in SIMS. Immunizations for children living on reserves are the responsibility of the federal government/ First Nations Public Health Units and are currently not collected. Data quality varies due to difference in the way information is collected across jurisdictions. The technical functionality of SIMS is being enhanced. Discussions are also underway to integrate immunizations delivered on reserve by First Nations agencies.

The decision on whether or not to receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. As such, increasing immunization rates is likely to require more than enhanced availability/accessibility of health services.

What are we measuring?

Percentage of reportable communicable disease cases entered into the provincial surveillance system, investigated and reported as completed to the Provincial Co-ordinator of Communicable Disease Control within established timeframes

Where are we starting from?

Under development

Under *The Public Health Act* and its Disease Control Regulations, physicians and laboratories are required to notify medical health officers in regional health authorities of cases of prescribed communicable diseases (e.g., chlamydia, HIV/AIDS and tuberculosis). The RHA Public Health Unit receiving such notification, under the direction of the medical health officer, enters case data into the Integrated Public Health Information System (iPHIS), and conducts a case investigation

to ensure that the person infected has obtained appropriate counselling and treatment, and that contacts of the infected person have been identified, informed of their exposure and counselled with respect to treatment.

The proportion of cases entered into the surveillance system, investigated and completed within established time-frames is a measure of performance of the health system in following up on communicable disease cases to ensure effective surveillance, appropriate treatment and to prevent further spread of the disease. The details of this measure are being finalized with regional medical health officers. Baseline data will be accumulated in 2006-07.

What are we measuring?	**Where are we starting from?**
Percentage of schools implementing healthy food/nutrition policies	Under development

Many regional Population Health Promotion plans identified work with elementary and high schools and/or school boards to implement healthy food/nutrition policies. This measure is an indicator of the collaboration between health regions and their education partners with the Department supplying its expertise and facilitation of the process, and education turning policy into action. Some limitations of the measure are that it does not include schools on reserves and that the health system does not have control over schools either passing or implementing such policies. Baseline data will be available in October 2006.

***OBJECTIVE 2** – Improve the health of northern and Aboriginal communities*

Northern and Aboriginal communities have unique issues, concerns and perspectives on health care. The 2004 agreement of the First Ministers and Aboriginal leaders to develop an Aboriginal Health Blueprint has provided an opportunity to improve the health and well-being of Aboriginal people. Saskatchewan has worked closely with representatives from the Federation of Saskatchewan Indian Nations (FSIN), First Nations bands and tribal councils, First Nations and Inuit Health Branch of Saskatchewan Region, Health Canada, Métis locals, RHAs and community organizations to identify priorities and propose plans to incrementally address Aboriginal health issues.

Key Actions for 2006-07

- Continue development of an Aboriginal health framework that includes an ongoing collaborative consultation process with Aboriginal organizations and communities and begins to implement the agreed-upon Aboriginal health pillars contained in the Aboriginal Blueprint.
- Work closely with the Muskeg Lake Cree Nation to develop an Aboriginal Wellness Centre that will provide a range of primary care, health promotion, traditional healing and co-ordination services all within a holistic context.

What are we measuring?

Potential Years of Life Lost (PYLL) due to premature death per 100,000 population for Saskatchewan Registered First Nations Peoples*

* *Registered First Nations Peoples are those who are registered under Section 6 of the "Indian Act" and who have been assigned digit numbers in the Indian Registry.*

Where are we starting from?

Registered Indian population:
11,382.40 per 100,000 population

Remainder of population:
5,117.85 per 100,000 population

[2002; latest data available]

Potential Years of Life Lost (PYLL) is the number of years of life 'lost' when a person dies 'prematurely' from any cause – defined as dying before age 75. A person dying at age 25, for example, has lost 50 years of life. This long-term measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive programs, as well as health and well-being of the population.

This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

The federal government has a fiduciary responsibility to First Nations peoples and can influence the broader determinants of health, which in turn impacts the PYLL. First Nations organizations actively work to improve socio-economic and environmental conditions for First Nations.

GOAL 3

Retain, recruit and train health providers

Saskatchewan continues to face many health human resource challenges including retention and recruitment of health professionals. As a result of the changing demographics of the Canadian workforce and competition from different sectors for a smaller labour pool, there is a concern, shared by both government and the general public, about the scarcity in health human resources. We must continue to improve the efficient and appropriate use of health professionals to maximize our utilization of all levels of skill and training.

***OBJECTIVE 1** – Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs*

As a result of the changing demographics of the Canadian workforce and competition from other jurisdictions for the labour pool, there is a concern about a sufficient supply and appropriate mix of health care providers. Saskatchewan's health care system, as those in other jurisdictions, faces the challenge of attracting and retaining skilled health care professionals. The First Ministers Agreement (2004) identified health human resources renewal as a priority

and agreed to develop action plans to address the full range of issues. *Working Together: Saskatchewan's Workforce Action Plan* released in December 2005 provides a framework for ensuring a qualified workforce is available to meet the health needs of Saskatchewan citizens.

Key Actions for 2006-07

- The collaborative approach used to develop Saskatchewan's Workforce Action Plan will be continued through establishment of a workforce steering committee made up of representatives from the health and learning sectors to continue the collaborative approach. This committee will guide future actions and help measure progress.
- Full implementation of the multi-year plan will:
  - ~ improve Saskatchewan's self-sufficiency in training our own health professionals, within available resources;
  - ~ build additional clinical placement capacity within the province;
  - ~ improve our ability to recruit needed professionals, by setting up a provincial recruitment agency;
  - ~ continue work in building a more representative workforce;
  - ~ focus on continuing education and professional development, including succession planning; and
  - ~ better align the planning needed to match service and health needs with supply between health employers and educational institutes.

What are we measuring?	**Where are we starting from?**
Percentage of bursary recipient graduates performing approved return of service in Saskatchewan on program completion	91% *[2004-05]*

Selected students in a number of health professions receive government bursaries to help cover their educational expenses. Bursary holders are required to provide one or more years of service upon graduation in a publicly funded health care setting. The success of the bursary program is described, in part, by the extent to which graduates complete their return of service obligations. It is anticipated that once the graduates have worked in Saskatchewan for a time, they will be more likely to stay in the province on a long-term basis.

Saskatchewan Health influences this short-term measure by providing regional health authorities and bursary graduates with information to connect with one another. Some external factors influencing this measure are recruitment practices (e.g., buy-out of bursaries and signing bonuses) by other jurisdictions and graduate preferences regarding their location of employment and employment opportunities upon graduation.

What are we measuring?	Where are we starting from?
Number of clinical placements available for health sector students in Saskatchewan	Under development

It is important to provide clinical placements within the province so that students will be likely to remain in the province when they graduate. This short-term measure is currently under development for the purposes of health human resource planning. Saskatchewan Health can impact this measure by facilitating better co-ordination of placements within the province. The capacity of employers to accept students may limit improvements in this area.

OBJECTIVE 2 – *Develop representative workplaces that facilitate full participation in all health occupations*

Saskatchewan Health recognizes the importance of a health system that reflects the diversity of our population and is, therefore, committed to improving the participation and success of diverse groups in all program and service areas. The development of a representative workplace is a key element of Saskatchewan's Workforce Action Plan. Increasing the proportion of the workforce that is of First Nations and Métis heritage, as well as increasing awareness of First Nations and Métis culture, values and traditions for non-Aboriginal health providers, is an important aspect of this objective.

Key Actions for 2006-07

- Continue to create opportunities for Aboriginal peoples in the health sector workplace.
- Conduct Aboriginal Awareness training in workplaces.
- Work collaboratively with Aboriginal communities and other stakeholders to build opportunities for professional development and training targeted to Aboriginal health care providers.

What are we measuring?

Percentage of regional health authority employees who self-identify as Aboriginal

Where are we starting from?

The following are baseline percentages for each regional health authority:

Sun Country – not available
Five Hills – not available
Cypress – 0.0%
Regina Qu'Appelle – 3.0%
Sunrise – 1.1%
Saskatoon – 2.7%
Heartland – 0.1%
Kelsey Trail – 1.8%
Prince Albert Parkland – 14.5%
Prairie North – not available
Mamawetan Churchill River – 30.0%
Keewatin Yatthé – 70-90% (estimate)
Saskatchewan Cancer Agency – not available

[2003-04; latest data available]

Demographic data indicates that Saskatchewan has one of the fastest growing Aboriginal populations in Canada. With increasing emphasis on ensuring the labour force reflects the population diversity, employers are seeking Aboriginal candidates to meet their workforce needs. Data for this calculation is collected through voluntary self-report and is considered a conservative estimate. Response rates to equity surveys are often low in places where data of this type is not collected routinely. Benchmarks based on representative workforces still have to be developed to facilitate the interpretation of these kinds of long-term indicators.

Saskatchewan Health works closely with the Aboriginal community, unions, employees, First Nations and Métis Relations, and regional health authorities to develop and promote initiatives to meet Aboriginal needs within the community that generate an opportunity for Aboriginal employment. All of these stakeholders potentially have an influence on the outcome for this indicator.

What are we measuring?	Where are we starting from?	
Number of employees trained as of March 31, 2005	2003	2,197
	2004	3,066
	2005	4,077
	Total	9,340

[Source: Saskatchewan Association of Health Organizations]

SAHO collaborated with CUPE to develop a three-hour Aboriginal Awareness training module and Participant Workbook. The training is based on a popular education methodology that engages participants in active discussion and activities that serve the following objectives:

- to create Awareness and understanding of the Representative Workforce Strategy;
- to instill a sense of ownership of the Partnership Agreement and collective agreement language;
- to promote action toward a Representative Workforce from each participant;
- to prepare the workplace by promoting better understanding of Aboriginal issues and cultural differences;
- to promote a desire for further self-education on Aboriginal issues; and
- to encourage participants to ask questions and challenge the status quo.

The three-hour training module provides information on the following key areas:

- Representative Workforce
- Statistics and Demographics – Power Point Presentation
- History of the Treaties – Jeopardy Game and Treaty Building Activity
- Cultural Awareness Provided by Elders
- Myths and Misconceptions about Aboriginal People
- Employee Relations
- Language in the Partnership Agreements and in Collective Agreements
- Circle Evaluation

The training was co-facilitated by SAHO and CUPE's Aboriginal Education Co-ordinators who were hired specifically to deliver this training.

OBJECTIVE 3 *– Ensure the health system has safe, supportive and quality workplaces that help to retain and recruit health care professionals*

The quality of work environments plays a pivotal role in attracting and retaining health care providers. Work place improvement strategies encompass a wide range of activities, all designed to create and support safe, respectful, satisfying and efficient workplaces.

Key Actions for 2006-07

- Continue to support and promote Quality Workplace initiatives.
- Enhance Occupational Health and Safety strategies within regional health authorities and the Saskatchewan Cancer Agency.

What are we measuring?	**Where are we starting from?**
Sick leave hours per full-time equivalent (FTE)	22.16 (Saskatchewan average) *[2004-05]*
Number of lost-time Workers Compensation Board claims per 100 FTEs (frequency)	7.76 claims per 100 FTE (Saskatchewan average)
Number of lost-time Workers Compensation Board days per 100 FTEs (severity)	104.78 days per 100 FTE (Saskatchewan average)

Absence as a result of illness or injury constitutes a significant proportion of total absence from the workplace. Sick leave is a well established indicator of the quality of the workplace, staff morale and job satisfaction. Literature has consistently shown that as morale improves, rates of absenteeism decline. In addition, workplace injuries take a toll on workers and their families and also place a large burden on the health care and compensation systems. Regional health authorities, employee groups and others can influence these measures in many ways such as through injury prevention policies, protocols and training.

What are we measuring?	**Where are we starting from?**
Percentage of regional health authority staff rating their workplace learning environment as excellent, very good or good	44.3% *[2005]*

In May 2005, an employee opinion survey was circulated to give 37,000 Saskatchewan health care workers an opportunity to share their views about their workplaces. Some of the survey questions addressed issues related to the workplace learning environment, including fair and regular feedback, formal learning opportunities and development and occasions for informal

learning from other units, departments or teams. The workplace's learning environment is an important factor in creating environments that retain employees and assist staff in providing quality care. The Department impacts this measure by providing funding and support for RHA staff's professional development. Regional health authorities and individual facilities/programs influence this measure through their own learning policies and practices.

What are we measuring?	**Where are we starting from?**
Turnover rate	For physicians: 11.1% *[2004-05]*

Turnover rates are a good indicator of the quality of the workplace, staff morale and job satisfaction. Saskatchewan Health continues to work with the Saskatchewan Association of Health Organizations (SAHO) to begin tracking turnover rates. SAHO is currently making a transition from a manual to an electronic payroll system that will allow these rates to be captured. The Department will be looking at two types of turnover within regional health authorities: 1) turnover from individuals moving within the system, and 2) turnover due to individuals leaving the system completely.

A separate system already exists to capture turnover rates for physicians. The rate for physicians represents the per cent change in physicians practicing in 2003-04 and still practicing in 2004-05. Physician turnover is due to a number of factors, including relocation outside the province, death and retirement.

Regional health authorities, employee groups and others can influence the outcome for this measure.

GOAL 4

A sustainable, efficient, accountable quality health system

Underlying the first three goals is the need to ensure that the services are sustainable over the long-term, that they are efficient, that Health and its partners are accountable for the services and resources entrusted to us, and that services are provided in a quality environment.

***OBJECTIVE 1** – Ensure quality, effective health care*

There is a high emphasis on quality in all program and service delivery areas and a commitment to continuous improvement. In addition to targeted quality initiatives designed to ensure optimal patient care and satisfaction, it is also necessary to ensure that broader supports and mechanisms are in place to support the system. In order to ensure a high quality service that is efficiently delivered, the system requires a modern, safe and reliable infrastructure, developments in information technology, as well as proactive planning to ensure readiness for potential emergencies such as pandemic influenza.

Key Actions for 2006-07

- Work is continuing with other provinces, territories, the federal government, and regional health authorities to improve our ability to respond to a human influenza pandemic if and when it occurs.
- Continue to implement patient care information systems in priority program areas to help address workload issues, increase efficiency and enhance patient safety by providing higher quality and more timely information for patient care, including:
  - ~ implementation of systems to improve the delivery of surgical and diagnostic services and the management of wait times;
  - ~ systems to improve the delivery of systems for front-line care patients care professionals in primary care, public health, home care and acute care settings; and
  - ~ continued implementation of the Pharmaceutical Information Program (PIP) and Integrated Clinical Systems (ICS).
- Continued implementation of capital construction projects for health care facilities.

What are we measuring?	**Where are we starting from?**
Number of clients who contacted a Quality of Care Co-ordinator (QCC) to report one or more concerns	2,205 *[2003-04; latest data available]*

Regional health authorities are required to report a summary of their client concern information (without any identifying or case-specific information) to the Department annually. The information on concerns reported to QCCs is one way of tracking the volume of health care concerns. As Saskatchewan Health and regional health authorities continue to promote the role of the QCC, it is anticipated that the number of contacts may increase. This may not reflect the total number of concerns in the system, however, as clients and their families or friends may not be aware that a formal mechanism exists to record and respond to their issues.

This long-term measure is influenced by promotion and data collection efforts of regional health authorities. As the Department is not a direct health service provider, the influence on this measure is impacted by the quality of services provided by regional health authorities.

What are we measuring?	Where are we starting from?
Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are concluded within 30 days	87% *[2003-04; latest data available]*

In addition to tracking the volume of concerns, QCCs also record how quickly each concern was concluded. A concern is considered concluded from the regional health authority's perspective when the QCC provides a written or oral response regarding the issue raised. The majority of the concerns received in 2003-04 were concluded in a timely manner. Reasons for cases taking longer to address may include delays when referring a question or issue to a health care professional for more information, and/or repeated consultations with the family.

This short-term measure may not reflect the total number of concerns in the system, as clients and their families or friends may not be aware that a formal mechanism exists to respond to their concerns. Conclusion of a concern does not necessarily represent resolution or satisfaction for the client who reported the concern. Rather, it represents the conclusion of the investigation/intervention process and the sharing of those outcomes with the client. Saskatchewan Health requires partnerships with regional health authorities to ensure that reports of client concerns are accurately recorded and relayed to the Department.

***OBJECTIVE 2** – Appropriate governance, accountability and management for the health sector*

There are varying relationships between Saskatchewan Health and the various boards, organizations, agencies and institutions that comprise the health sector. These relationships differ by degree of accountability that is set out in various pieces of legislation as well as formal agreements and regulations. A key relationship that exists is the relationship between Saskatchewan Health and the Regional Health Authorities. These parties continue to work closely through information sharing forums, co-ordinated planning and reporting mechanisms and strengthened fiscal management.

Key Actions for 2006-07

- Work in collaboration with RHAs to address patient flow through a variety of care settings/care processes (technical efficiency review).
- Complete the development of model affiliate agreements and begin implementation.
- Implement enhancements in the collection and reporting of management information to improve the availability of timely and comparable information by Saskatchewan Health and health region leaders in planning and managing health sector performance and accountability.

What are we measuring?

Percentage of regional health authority operational plans meeting standards (standards refers to planning and reporting requirements)

Where are we starting from?

RHAs have submitted annual operating plans. The requirements of the plans are being further refined.

In November 2005, regional health authorities submitted to Saskatchewan Health detailed operational plans. Regional health authorities were evaluated against the Governance and Management expectation: *Develop and implement an annual multi-year operating plan that supports the goals and objectives in the health system strategic plan and in accordance with Saskatchewan Health's requirements and timeframes.* Saskatchewan Health reviewed the plans to ensure compliance with standards.

OBJECTIVE 3 – *Sustain publicly funded and publicly administered Medicare*

This objective underscores the commitment of Saskatchewan Health to ensure the long-term integrity of the health system. The system is impacted by a wide range of issues and trends. These factors require a balanced approach that responds well to illness, invests in preventing disease and promoting healthy living, exercises prudent management and encourages innovation.

Key Actions for 2006-07

- Continue to work with partners in the health sector to implement cost-effective approaches to health care.
- Implement strategies to engage the public as well as health care providers to increase knowledge of the health sector, including what the sector does, the strengths of the system, and current and future challenges.

What are we measuring?

Under development

Where are we starting from?

Under development

Health care costs are rapidly rising. While technological advances add quality and years to people's lives, they are expensive. Saskatchewan Health strives to make the best possible use of our resources through prudent and innovative service delivery. To our knowledge, no reliable measures have been developed to assess the sustainability of health care systems. When such measures become available, we will consider using them in the measurement of sustainability.

For More Information

If you would like to obtain further information about our plan or our programs and services, ask questions or provide comments on this plan, please contact:

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Comments on the 2006-07 Performance Plan can also be directed to the Webmaster: webmaster@health.gov.sk.ca

Detailed information about Saskatchewan Health's programs and services is available on the website: www.health.gov.sk.ca